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TESTIMONY OF SUSAN NITZKE, CHAIR, DIETITIANS AFFILIATED CREDENTIALING BOARD, BEFORE THE ASSEMBLY COMMITTEE ON HEALTH AND HEALTHCARE REFORM

February 5, 2008

Good morning, Representative Vukmir and members of the Committee. I am Susan Nitzke and I serve as the Chair of the Wisconsin Dietitians Affiliated Credentialing Board. I am here today to testify on behalf of the Board in favor of Assembly Bill 742 and Senate Bill 394. At our Dietitians Affiliated Credentialing Board meeting just yesterday, we discussed this proposed legislation and voted unanimously to support the bills.

The Board believes this proposed licensure legislation is important and necessary. It defines a scope of practice and clarifies who can and cannot refer to themselves as a "dietitian" or "nutritionist." This is a necessary step to protect the public from untrained and under-trained persons. Without this licensure protection, it will continue to be difficult for the people of Wisconsin to distinguish between qualified professionals and others who may claim to be "nutritionists" but are not qualified to provide medical nutrition therapy and nutrition care services. The public deserves this protection which is already provided by at least 35 other states.

Thank you for the opportunity to testify today. I would be happy to answer questions.

Susan Nitzke, PhD, RD, CD
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~~CC: Div. of Enforcement; File~~

Dona J. Meyer

1921 Fremont Ave
Madison WI 53704

February 5, 2008

RE: Dietitian/Nutritionist licensure bill, AB742

Dear Sir/Madam:

I want to officially speak against the Dietitian/Nutritionist licensure bill, AB742.

I have been affected in an extremely positive way by people who are not registered dietitian/nutritionists. In fact, I think that a lot of Dietitians/Nutritionists give incorrect advice. I have been told to eat foods that have made me ill for many years because of a dietitian. They do not take into account food allergies and other issues that could negatively affect people like myself. In fact, many years ago, I saw a dietitian due to some health concerns, and she told me to eat the foods that ended up being bad for me. Between her and my medical doctor, neither took the time to find out what my real health issues where before prescribing drugs and special foods. Only through and naturopathic doctor, did I get healthy and find out that I am allergic to wheat, beef and intolerant to dairy. The dietitian said to eat wheat bread, lean beef and lots of cheese. With my medical doctor and dietitian, I gained weight, felt awful and in my opinion, could have caused many other health issues. In fact, since I have completely gone off wheat, my asthma is completely gone and my weight is at a good level. I completely feel that this is due to my naturopathic doctor and clinic finding out what my problems were before telling me what I needed to eat and what supplements to take.

I do not believe that dietitians/nutritionists are really trained appropriately for all people. Some it works for and others NEED other resources that are crucial to the health of the US. In fact, I believe that they (dietitians/nutritionists) have a tendency to not be trained well enough on all levels. Just look at the many times the "food chart-food pyramid" has been changed.

That is no reason to make this bill a law because all it is doing is making Dietitians/Nutritionists rich and the rest of American poor in health. America is supposed to give freedom of religion and all other issues. Give us the freedom to choose our own health care professionals.

I greatly appose this bill.

Sincerely,

Dona Meyer

Dona Meyer

Feb. 5, 2008

I Kelly Mattice oppose AB 142

I came here today to fight for my rights, the rights of ~~my~~ health and wellness practitioners, for our health and well being, for choice, freedom and democracy

This bill does not protect real citizens or promote the public good. It is rather another bill to limit or dictate my rights and protect the industry / the mythical "corporate citizen"

I am tired of giant corporations running everything. Tired of hearing that it's in the publics best interest. I'm asking you to govern by responding to the voice of the people rather than doing the bidding of corporate executives.

In a day when FDA allows companies to promote "health" claims with big, bold type and then print ~~teeny-tiny~~ disclaimers in teeny-tiny type. In a day when the American Heart Association can bestow for a fee it's heart-healthy seal of approval on Lucky Charms, Cocoa Puffs, Yoo-hoo lite chocolate drink and many other unhealthy packaged food like edibles. While ~~the~~ truly heart-healthy whole foods sit quietly without all the fancy packaging and financial and political clout of the packaged foods. We need health practitioners who are not aligned with ~~industry~~ industry and the big monied interests We don't need a law that restricts our choices and favors the industry. I ask you to oppose this bill. Thank you.

Kelly S. Mattice
1811 Spring Rose Rd.
Verona WI 53593

Wisconsin Dietetic Association Testimony
February 5, 2008
Dietitian Licensure Bill, AB 742
Policy Arguments

Good morning Chairman Vukmir and members of the committee;

My name is Jill Camber Davidson, RD, CD. I am the President of the Wisconsin Dietetic Association (WDA), and a Nutrition Education Consultant for the WI Department of Public Instruction. I have with me Judy Stadler, RD, MS, CD, who is a consulting dietitian in Fitchburg. We are here today to express our support for SB 394. We are members of The Wisconsin Dietetic Association, an organization of 1,625 food and nutrition professionals. WDA is an affiliate of the American Dietetic Association, a national organization with membership approaching 70,000. Registered Dietitians work in a variety of settings, including, hospitals, community and public health clinics, schools, nutrition education programs, workplace wellness sites, industry, and fitness centers among others.

Why is it important to license dietitians? For the same reasons the state licenses any health care professional: to clarify the policy as to who is qualified to provide care for the public and to protect the public from harm. I will be addressing the policy perspective of why we support licensure of dietitians. Two other members who are here today will testify why licensure is important to prevent incidents of harm. So I ask that if you have questions regarding patient harm please refer them to our colleagues when they testify.

Nothing in current statute prevents unqualified or untrained practitioners from practicing dietetics or nutrition care services. Even when harm is reported to the Department of Regulation and Licensing, the state has no recourse, so those who caused harm continue to do so.

There is a growing trend across the nation to license dietitians. 35 states currently license dietitians. The federal government has recognized Registered Dietitians as the nations' nutrition experts. This is evidenced by the fact that Medicare recognizes Registered Dietitians as eligible providers of medical nutrition therapy (MNT) for persons with diabetes or chronic renal failure who have Medicare Part B.

To be a Registered Dietitian, one must

1. Possess a bachelors degree in dietetics or nutrition from an accredited college or university
2. Complete 900 hours of supervised practice in a program accredited by the Commission on Accreditation of Dietetics Education, of the American Dietetic Association
3. Pass a national standardized exam
4. Maintain continuing professional education.

Licensure of dietitians would increase patient access to nutrition care services. Medical nutrition therapy (MNT) has been demonstrated to save health care dollars—reducing the need for medication and surgery and decreasing the length of hospital stays. *We have provided you with handouts that document those findings.*

With the rising rate of obesity in this country and the clearly established link between obesity and progressive chronic diseases such as coronary heart disease and diabetes mellitus, it is clear that many people need access to nutrition care services. (Please note *Insurance Coverage of Lifestyle Change Critical to Control Health Care Costs and Burden of Illness* handout in packet.) By licensing dietitians, these valuable services would become available to more patients who need them because insurance companies would be more likely to cover the costs if a dietitian is licensed instead of certified.

One area of great public health concern is that of pediatric obesity, particularly among children who are covered by Medicaid. At this time, for Medicaid payment of nutrition services by a dietitian, it must be billed by a physician. In addition, Medicaid only allows one visit per practitioner a day. Once licensure of dietitians is law, Medicaid could add dietitians to a list of certified Medicaid providers. Thus, an obese child patient could receive both medical and nutrition services on the same day. This would increase access of obese children to needed nutrition care services. From previous experience, I've found that if appointments weren't on the same day, there were many more missed appointments and delays in treatment. In addition, it may cost even more with increased transportation costs (taxi vouchers) for the additional appointments, or may be too hard to work into the patient's caregiver's schedule.

Licensure of dietitians in Wisconsin would result in <u>no increase</u> in costs to Wisconsin taxpayers. The Dietitians Affiliated Credentialing Board is already in place and functioning effectively. Costs of the board performing its duties will be covered by licensure fees.

Licensure of dietitians, as set forth in this bill, will strengthen qualifications beyond the current certification statute in the following ways:

- Applicants must be Registered Dietitians to be become licensed.
- Applicants must pass a national Registered Dietitian examination. They must meet the same requirements required of Medicare providers of medical nutrition therapy (MNT)
- To maintain the license, dietitians or nutritionists must complete ongoing continuing professional education. This has long been required of Registered Dietitians, but is <u>not</u> required to maintain one's Certified Dietitian credential in Wisconsin.

Wisconsin Dietetic Association members believe our state's nutrition expert credential should meet the national standard—the Registered Dietitian. As such, we urge you to support AB 742 for the best interests of the patients of Wisconsin. Thank you for your consideration of this bill. At this time Judy and I would be happy to answer any questions.

Insurance Coverage of Lifestyle Change Critical to Control Health Care Costs and Burden of Illness

Elizabeth Spencer, RD, MS, CDE

January 11, 2008

Annual health care expenditures in the US have now reached 2 trillion dollars. Much of the costs can be attributed to treatment of lifestyle related chronic illnesses, such as heart and blood vessel disease, diabetes, hypertension, and obesity. Health behaviors contributing to these chronic illnesses are poor diet, physical inactivity, and tobacco use. Diet and physical inactivity are second only to tobacco use in leading causes of death in the US, and the number of deaths related to poor diet and physical inactivity continues to increase (JAMA 2004; 291:1238-1245).

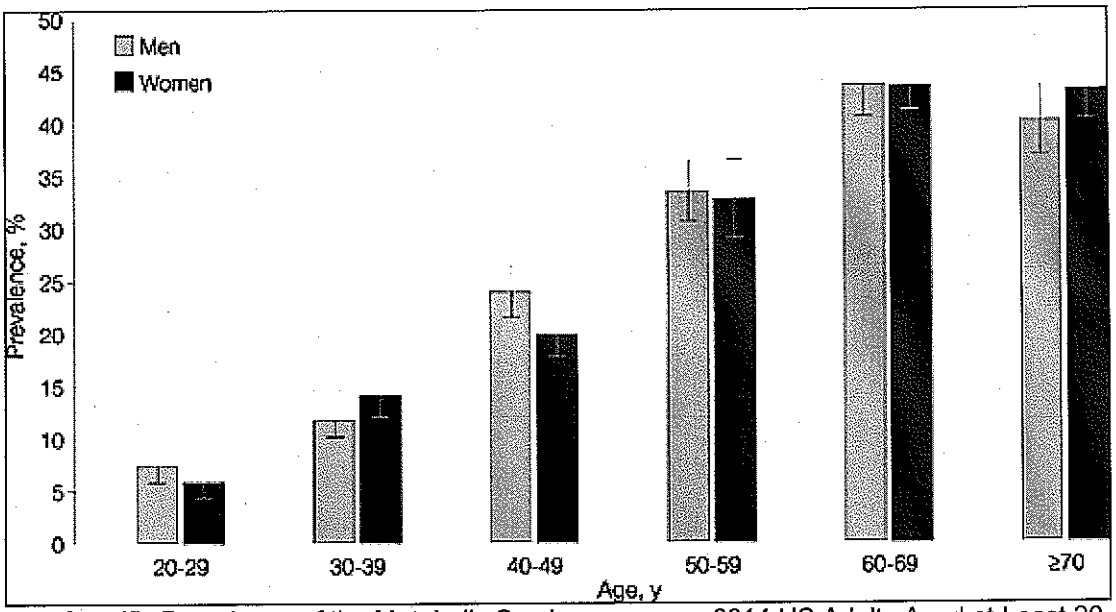
Most of the health care expenditures are for treatment of advanced disease with a much smaller amount spent on preventing the diseases upfront or counseling for lifestyle change for those at risk or in the early stages of their disease. Cost savings and decreased morbidity and mortality are realized through delay or prevention of disease, decreased medication required for treatment, and decreased loss of productivity and days lost from work.

Adoption of healthy behaviors (healthy diet, more physical activity, not smoking) by everyone is critical for the prevention of lifestyle related chronic illnesses and is an indispensable part of the health care treatment for lifestyle related chronic illnesses.

Currently many health insurance companies do not cover the cost of screening or lifestyle counseling to prevent or treat lifestyle related chronic illnesses. **Health care reform should emphasize evidence-based lifestyle counseling by qualified health care professionals (physicians, dietitians, nurses, health educators) to decrease the burden of health care costs and health consequences, and improve quality of life.**

The Health Burden of Chronic Illness

Approximately 47 million Americans or 25% of US adults have 3 or more risks for heart and blood vessel disease (cholesterol disorders, diabetes and pre-diabetes, hypertension, obesity,) with the prevalence increasing each decade up to age 60 when more than 40% of US adults have at least 3 or more cardiovascular risk factors. (See graph)



Age-Specific Prevalence of the Metabolic Syndrome among 8814 US Adults Aged at Least 20 Years, by Sex, National Health and Nutrition Examination Survey III, 1988-1994. Data are presented as percentage (SE). (*JAMA* 2002; 2887:356-359). Metabolic Syndrome is defined as having 3 or more cardiovascular risk factors.

- Cardiovascular disease, including heart disease and stroke, remains the leading cause of death in the United States with an annual death rate of 232 deaths per 100,000 adults in 2003. Cardiovascular disease accounts for nearly 40% of all annual deaths in the United States with a projected cost of $431.8 billion in 2007.

  (American Heart Association, Heart Disease and Stroke Statistics, 2007 and http://www.americanheart.org/downloadable/heart/1166712318459HS_StatsInsideText.pdf
  Centers for Disease Control and Prevention, Division for Heart Disease and Stroke Prevention, January 2007 http://www.cdc.gov/nccdphp/publications/AAG/pdf/dhdsp.pdf)

- Diabetes is widely recognized as one of the leading causes of death and disability in the United States. The rapid increase in diabetes parallels the increase in obesity and overweight. The diagnosis of diabetes has more than doubled to 14.6 million in 2005, and it is estimated that an additional 6.2 million US adults remain undiagnosed. The total direct medical and indirect cost of diabetes in 2002 was $132 billion. The average health care cost for a person with diabetes is $13,243 compared to $2,560 for a person without diabetes.

  Diabetes, Disabling Disease to Double by 2050, Centers for Disease Control and Prevention, 2007 http://www.cdc.gov/nccdphp/publications/aag/ddt.htm

- Long-term complications of diabetes affect almost every part of the body. The disease often leads to blindness, heart and blood vessel disease, stroke, kidney failure, amputations, and nerve damage. Uncontrolled diabetes can complicate pregnancy, and birth defects are more common in babies born to

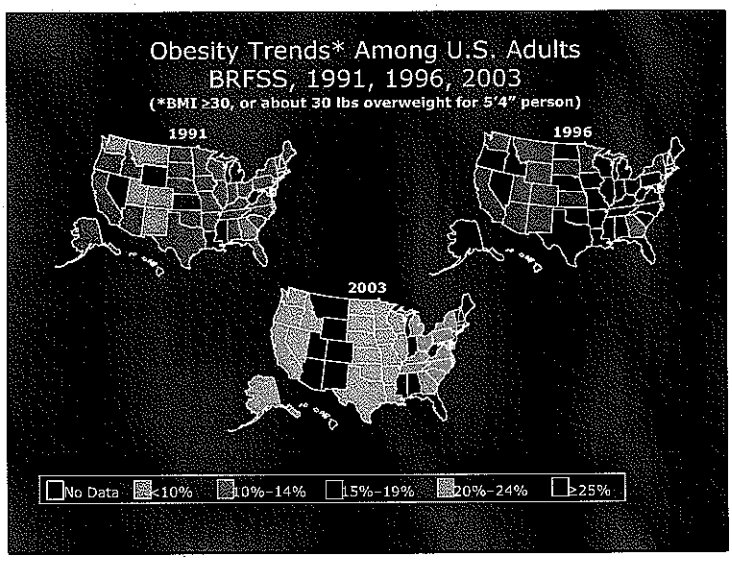
women with diabetes. About 65% of deaths among those with diabetes are attributed to heart disease and stroke.

Centers for Disease Control Diabetes Fact Sheet, 2005
http://www.cdc.gov/diabetes/pubs/estimates05.htm#prev

- Hypertension is the most common primary diagnosis in America. It affects approximately 50 million individuals in the United States and approximately one billion worldwide. The relationship between blood pressure and risk of cardiovascular events is continuous, consistent and independent of other risk factors. The ultimate public health goal of antihypertensive therapy is the reduction of cardiovascular and renal morbidity and mortality.

- Among US adults, the prevalence of obesity and overweight has increased rapidly over the last 15 years to 65% and parallels the increase in diabetes. Obesity is associated with increased morbidity, mortality and increased cost of health care, with costs of $75 billion in 2003 with about half of these costs financed through Medicare and Medicaid (*Obesity Res* 2004; 12:18-24).

  Centers for Disease Control and Prevention, 2007
  http://www.cdc.gov/nchs/products/pubs/pubd/hestats/obese/obse99.htm



Evidence-Based Lifestyle Change Decreases Burden of Chronic Illness

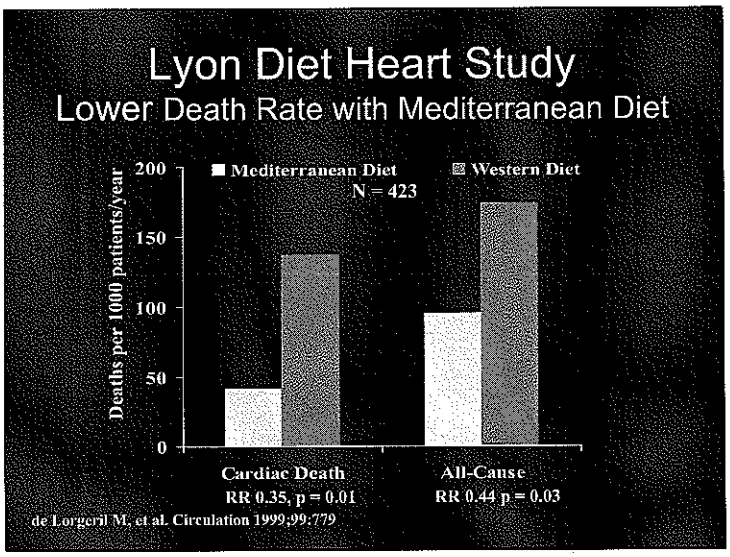
Diet for treatment of cholesterol disorders and prevention of heart disease

Eating a low saturated fat diet, achieving a healthy body weight and increasing physical activity have been shown to decrease the incidence of cardiovascular disease and prevent type 2 diabetes. A Mediterranean-type diet may have additional benefits on other parameters of cardiovascular disease and diabetes risk beyond those improved by the traditional low fat, low calorie diet (*Circulation* 2007; 115:e32-e35).

Studies using a total diet approach show great potential to effectively prevent and treat coronary heart disease—likely due to the synergistic and cumulative effects of multiple dietary components on multiple biological pathways (*JAMA* 2002; 288:2569-2578). In addition to LDL-cholesterol lowering, recent research suggests that diet can have positive effects on other cardiovascular risks, including inflammation, oxidation and platelet function.

- In a review of the literature on diet and heart disease, Hu concluded that a Mediterranean-type diet rich in fruits, vegetables, nuts and whole grains, polyunsaturated omega 3 fats, and low in refined carbohydrates, saturated and trans fats can decrease the incidence of cardiovascular disease in Western populations (*JAMA* 2002;288:2569).

- One of the first studies to show the benefits of the Mediterranean-type diet was the Lyon Diet Heart Study. In this study, **subjects with pre-existing heart disease who consumed a Mediterranean type diet compared to a 'prudent' low fat Western diet had a 76% reduction over 4 years of subsequent cardiac events** (*Circulation* 1999; 99:779).



- In the Nurses' Health Study, a combination of healthy behaviors (not smoking, being physically active, BMI<25, moderate alcohol intake and consuming a cardioprotective diet) resulted in coronary events 80% lower than women who did not adhere to the low-risk lifestyle *(NEJM* 2000; 343:16).

- In a study by Esposito et. al. (*JAMA* 2004;292:1440), participants who followed the intervention Mediterranean-type diet compared to a low fat 'prudent' diet reduced their overall prevalence of Metabolic Syndrome by about one-half. The level of physical activity in both groups was similar.

After controlling for more weight loss (4 kg in the Mediterranean diet group compared to 1.2 kg in the control group), the results showed improvements independent of weight on blood pressure, lipid profile, endothelial function as measured by L-arginine, insulin resistance, and inflammation as measured by C-reactive protein.

- A small study of hyperlipidemic adults that combined cholesterol-lowering foods, (almonds, soluble fiber, soy protein, and plant stanol esters) and dubbed the Portfolio Diet decreased both LDL-cholesterol and C-reactive protein by approximately 30% in one month. In this short term metabolic study the diet was as effective as the starting dose of a statin (*JAMA* 2003;290:502-510). In a longer 12 month follow-up study where participants chose and prepared their Portfolio Diet meals at home, the mean LDL-cholesterol reduction was 13%, with 1/3 of subjects lowering LDL by >20% (*Amer J Clin Nutr* 2006;83:582-591).

The table shows potential cumulative effects of combining multiple dietary interventions are as effective as the starting dose of a statin drug for cholesterol lowering.

Approximate & Cumulative LDL-Cholesterol Lowering Achievable by Dietary Modification Compared to Statin

Dietary Component	Intake	Approximate LDL Reduction, %
Saturated fatty acids	<7% calories	8-10
Dietary cholesterol	<200 mg/day	3-5
Body weight	Lose 10 lb	5-8
Viscous (soluble fiber)	5-10 gm/day	3-5
Plant stanol/sterol esters	2-3 gm/day	6-15
Soy protein	25 gm/day	5
Cumulative LDL-cholesterol lowering from diet		20-30*
Approximate LDL-cholesterol lowering from statin		20-50 @ 40 mg/day

*LDL-cholesterol reductions are cumulative estimates based on the literature and may not be strictly additive. The table shows potential benefits from combining various LDL lowering options.

Source: Third Report of the Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) 2001
http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3_rpt.htm

The DASH Diet for hypertension

Major lifestyle modifications shown to lower blood pressure include weight reduction in those individuals who are overweight or obese, adoption of the Dietary Approaches to Stop Hypertension (DASH) eating plan which is rich in potassium, magnesium and calcium, dietary sodium reduction, physical activity and moderation of alcohol consumption.

Lifestyle modification can decrease the amount of medication required to control blood pressure. **For example, a 1600 mg sodium DASH Diet lowers blood pressure similar to single drug therapy.**

The table shows the cumulative effect of lifestyle modification on blood pressure.

Effects of Lifestyle Modification to Manage Hypertension

Modification	Recommendation	Approximate Systolic BP Reduction, mmHg
Weight reduction	BMI 18.5-24.9	5-20 with 10-kg weight loss
DASH* Diet	Diet rich in fruits, vegetables, & low-fat dairy products with reduced saturated & total fat	8-14
Dietary sodium reduction	Intake of not >100 mEq/day (2.4 gm sodium or 6 gm sodium chloride)	2-8
Physical activity	Aerobic activity, such as brisk walking for 30 min/day, most days of the week	4-9
Alcohol	Most men: Not >2 drinks/day Women & lighter weight men: Not >1 drink/day	2-4

*DASH-Dietary Approaches to Stop Hypertension

Appel LJ et al. A clinical trial of the effects of dietary patterns on blood pressure. (*NEJM* 1997;336:1117-24).

Sacks FM et al. Effects on blood pressure of reduced dietary sodium and the dietary approaches to stop hypertension (DASH) diet. (*NEJM* 2001;344:3-10).

The Seventh Report of the Joint National Committee on Prevention, Detection, Evaluation, and Treatment of High Blood Pressure (*JAMA* 2003;289:2560-2572)
http://www.nhlbi.nih.gov/guidelines/hypertension/jncintro.htm

Appel LJ et al. Dietary Approaches to Prevent and Treat Hypertension: A Scientific Statement from the American Heart Association. (Hypertension 2006;47:296-308)
http://hyper.ahajournals.org/cgi/content/full/47/2/296

Diet and diabetes
Two separate diabetes prevention studies, one in the US and another in Finland, showed that lifestyle change can decrease the incidence of new onset diabetes in people at risk for diabetes.

- In the Diabetes Prevention Program, **obese patients at risk for diabetes achieved a 58% relative reduction in new onset diabetes with intensive lifestyle intervention—a 5-7% weight loss and increased physical activity**. (NEJM 2002; 346:393-403). http://diabetes.niddk.nih.gov/dm/pubs/preventionprogram/

- In the Finnish study (*NEJM* 2001; 344:1343) the intervention was similar but included a Mediterranean-type diet instead of a Western low fat diet, and 30 minutes exercise per day to achieve a 5% weight loss. **Patients in the intervention group lost more weight and had a significantly lower rate of developing diabetes—11% in the lifestyle intervention group vs. 23% in the control group. The beneficial effects continued after 3 years** (*Diabetes Care* 2003;26:3230).

Numerous studies have shown nutrition intervention by dietitians has a positive impact on diabetes control and reduces the cost of diabetes care by decreasing the amount of medication required.

- Nutrition therapy based on practice guidelines from the American Dietetic Association has been shown to improve patient outcomes for both Type 1 and Type 2 diabetes (*Diabetes Care* 2002; 25:608-613 and *J Am Diet Assoc* 2003; 103:827-831).

- Moderate weight loss with reduced calorie intake and increased physical activity in obese patients with Type 2 diabetes decreases insulin resistance, decreases fasting blood sugar, and reduces the need for medications. (*Diabetes Care* 2004; 27:2067-2073).

- In the Improving Control with Activity and Nutrition (ICAN) study, obese participants with Type 2 diabetes in the dietitian-led case management group achieved greater weight loss, needed fewer medications and had greater improvement in health-related quality of life than patients receiving usual care (*Diabetes Care* 2004;27:1570-1576).

Opinions expressed in this paper are those of Elizabeth Spencer. Excerpts were taken from the web-based Medical Nutrition Handbook, University of WI Department of Medicine, January 11, 2008. The Medical Nutrition Handbook was created as part of the Nutrition Academic Award at the University of Wisconsin, funded by a grant from the NHLBI, NIH. Elizabeth Spencer, RD, MS, CDE is the primary author, and Gail Underbakke, RD, MS, and Patrick McBride, MD, MPH have reviewed the content http://www.medicine.wisc.edu/mainweb/DOMPagesText.php?section=naa&page=medicalnutritionhandbook .

Wisconsin Dietetic Association Testimony
February 5, 2008
Dietitian Licensure Bill, AB 742
Patient Safety & Welfare

Good morning Chairman Vukmir and members of the committee.

I am Elizabeth Spencer, RD, MS, CD, Certified Diabetes Educator. I'm from Eau Claire and recently retired. With me I have Judy Fedie, RD, MS, CD, the WIC Director/Nutritionist in Chippewa Falls. We are also members of the Wisconsin Dietetic Association. We are here to urge your support of AB 742.

You have previously heard from our colleagues on the policy reasons why licensure of dietitians is a good idea. We would like to address why licensure of dietitians is necessary for patient safety in Wisconsin.

We and our colleagues have noted an alarming trend. A greater number of patients in our practice have been harmed or misled by unqualified nutritionists. The *Incident Report Log* in your folder lists some examples.

There is also a case in Fairchild, Wisconsin of the owner of the business "Nutrition for Life" who told a 48 year old woman with a kidney transplant to stop "all that anti-rejection medicine you are taking and use natural vitamins and minerals". This advice resulted in the rejection of her transplanted kidney and the need to initiate dialysis again. An evaluation of the vitamins and minerals she was taking found that she was using over 35 different "natural supplements". It was determined that only 5 were compatible with her medical problems.

Another example is a man with renal failure who under the urging of his wife went to see a "nutritionist" with a nutrition certificate from an internet college. He was instructed to eat a cup of legumes 3 times a day. After faithfully following this advice for about 2 weeks the man began to feel weak and experience heart dysrythmia. He was admitted to intensive care where his serum potassium was over 7 causing a severe slowing of his heart which ultimately could result in death. The patient was dialyzed for about 5 treatments spending 2 days in intensive care and another 2 days on a medical floor. Prior to discharge he and his wife were counseled by a registered dietitian on a diet to accommodate his kidney failure and delay the need for permanent dialysis.

To re-iterate what our colleagues said previously, the national standard for the nutrition expert is licensure. Thirty-five other states have already recognized this and made it law. For the best interests of the patients of Wisconsin, and to avoid future incidents of harm as we have discussed here today, we ask that you support passage of AB 794.

Before we address the committee's questions, my colleague, Judy Fedie, will relate a particular incident she witnessed in her practice as the Birth to Three Dietitian for Chippewa County. Incidentally, under the direction of WIC nutritionists all over country, iron deficiency anemia essentially has been eliminated as a public health problem and WIC is now turning its emphasis toward preventing childhood obesity.

Wisconsin Dietetic Association Testimony
February 5, 2008
Dietitian Licensure Bill, AB 742
Case Example of Patient Harm

A 16-month-old developmentally delayed girl in a local Birth to 3 Program was referred to me by the early interventionist/care coordinator.

The child's mother had been referred by a well-intentioned friend to see a "nutritionist" about her child's terrible case of eczema over the majority of the body. The family had paid approximately $175 for counseling fees and products to this "nutritionist," who received her online "degree" from the unaccredited American Academy of Nutrition in California, which no longer exists.

The "nutritionist" had put the child on a strict vegetarian diet and large doses of fatty acid supplements and cod liver oil. Some of the cod liver oil was taken orally; large amounts of it were to be applied to her skin.

A primary care team was seeing the child for her developmental condition as it was thought that her skull sutures were prematurely closed. Testing was done to determine if the child needed brain surgery and fortunately surgery was not needed. However, the large doses of fatty acid supplements would have put the child at risk for hemorrhage if surgery had been necessary.

The primary care team referred the mother to the Birth to 3 Program where the early interventionist learned that one of the mother's main concerns was the child's feeding problems. The mother informed the interventionist that she had consulted a "nutritionist" but her daughter was not really improving. She also related that her daughter had food allergies to the degree that she had had an anaphylactic reaction to bananas. The interventionist then consulted me re: her concerns with these dietary recommendations. As a result of the consultation, the child was referred to the Registered Dietitian (RD) assigned to the child's home location.

Birth to 3 services are required to be done in the child's natural environment. An initial assessment and two follow-up medical nutrition therapy (MNT) home visits by the RD were completed. The mother also consulted the RD by phone as needed. In addition to the increased risk for bleeding and vitamin A toxicity with the high doses of fatty acids and cod liver oil, the strict vegetarian diet had put the child at risk for iron and zinc deficiencies. The inadequate zinc intake may have worsened the child's skin condition while an iron deficiency would put the child at risk for anemia and developmental delay. The diet was also inadequate in quality protein for the normal growth and development of a 16-month-old child.

The RD counseled the mom on a diet that resulted in improved growth and improved skin condition with a decreased need for steroid treatment. Within 3 months the child's skin was nearly clear of eczema. The new diet recommendations corrected the inadequacies in zinc, iron and protein while managing her multiple food allergies. The RD also referred the family to the Food Allergy Network, a reputable source of nutrition information, for further help in finding special recipes and resources for managing food allergies. The RD coordinated with the child's primary care team to assure specialty allergy care.

With the collaboration of the family, the occupational therapist and the RD, the child's oral feeding aversions were reduced, her feeding skills improved, weaning from the bottle was completed and meals became easier for the family. The child has now graduated from Birth to 3 and continues to do well.

INCIDENT REPORT LOG

Reporting RD	"Nutritionist" Credentials or Title	Presenting Problem/Incident	Nutrition/Health Outcome
Clinical Dietitian Brookfield	"Nutritionist" or "Herbalist" (credentials unknown)	Upper class family in an urban area had their 15 y/o son with down's enrolled in RD's clinic. Pt had elevated insulin, and BMI >40. Along with RD's program, pt also sees a personal trainer who has had her own wt loss success. The trainer referred mom to a "nutritionist" and herbalist in the Brookfield area who told this mother to cut all fluid dairy and most calcium-rich foods from the pt's diet because calcium has a negative effect on the body and off sets metabolic functions.	Regardless of providing sound nutrition information and research supporting calcium consumption, the mother was very hesitant to re-introduce dairy and calcium-rich foods back to the pts diet. Mom did agree to 1 serving a day plus a MVI. We draw labs on a regular basis, and 3 months after mom took calcium out of the diet, the pts calcium level dropped. Fortunately, this was enough for mom to start increasing calcium rich foods back into the pts diet. The pt is currently consuming 3-4 servings per day and no longer seeing the "nutritionist".
Public Health Nutritionist Chippewa Falls	"Nutritionist" w/ 2-yr degree from American Academy of Nutrition (California) $175/hr (per Birth to 3 staff)	Birth to 3 Program referred toddler w/ multiple food allergies severe enough to cause anaphylaxis to Public Health RD. Per Birth to 3 staff person, mom had been receiving nutrition counseling for her child from a "nutritionist" who prescribed mega doses of cod liver oil and fish oil supplements in an attempt to treat the toddler's severe eczema. The "nutritionist" also had child on a strict diet, which contained all plant proteins. Without the fish fats, the diet was very low in essential fatty acids. The diet was also very low in iron and zinc. The child was failing to thrive.	The doses of supplements were large enough to put the child at risk for vitamin A toxicity (potentially fatal) as well as excessive bleeding. Though no clinical testing was done to confirm diet-related mineral deficiencies, zinc and iron deficiency were suspected. Failure to thrive, or growth failure, indicates an infant's nutritional needs are not being met; delayed correction of the problem can result in permanent stunting of growth and development. Upon meeting with the Public Health RD, a balanced diet was planned around the child's multiple food allergies and the eczema is at times completely cleared. Though it does occasionally flare mildly, this is thought by health care providers and family to be related to non-diet triggers.
Clinical Dietitian Eau Claire	"Nutritionist" w/ 2-yr degree from American Academy of Nutrition* (California) *not accredited and no longer exists	A 73 year old man with Stage 4 kidney failure was seen by "nutritionist" at the urging of his wife. The man was told to eat more legumes (beans), fruits and vegetables and whole grains.	While this is great advice for most of the healthy population, people with kidney disease need to avoid these foods due to the high potassium and phosphorus content. After following the diet for 10 days the man was admitted to critical care due to a slow heart rate (bradycardia) from an elevated potassium level. Acute dialysis was started on this patient to correct his abnormal electrolytes. Education to address diet for kidney disease was provided to the patient and his wife prior to discharge home. Total time in critical care was 2.5 days and another 1.5days on a medical floor.

AMERICAN DIETETIC ASSOCIATION

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February 5, 2008

Good morning Chairman Vukmir and members of the committee:

The American Dietetic Association (ADA) fully supports the Wisconsin Dietetic Association (WDA) in its efforts to obtain licensure for registered dietitians (RDs). Formed in 1917, ADA is the world's largest association of food and nutrition professionals, with nearly 70,000 members and 29 dietary practice groups covering specific areas of practice.

Now before you is AB 742, "Wisconsin's Dietetics Licensure Act," a measure to protect the public by creating a scope of practice for dietetics in Wisconsin and by licensing qualified dietitians. This legislation would require those who would call themselves licensed dietitians to have met specific educational and credentialing requirements that ensure competency in providing food and nutrition services on an advanced level. Wisconsin's proposal is similar to self-regulatory systems already in place and operating successfully in a majority of states. ADA supports the passage of AB 742 and urges its prompt implementation.

The reason for licensure is to accurately convey the specialized background, knowledge and skills of these health professionals so that facilities who hire, individuals who seek nutrition therapies and physicians who refer patients can be confident of their working with the nutritionists recognized to provide specific, evidence-based care and services.

To understand why dietetics licensure is so important, it is helpful to consider changes occurring in Americans' health and within the U.S. health care system itself. No longer are bacterial diseases our largest health threats, but of the ten leading causes of death in the United States today—heart disease, cancer, stroke, lung disease, accidents, pneumonia/influenza, diabetes mellitus, suicide, kidney disease, and liver disease/cirrhosis—seven are linked to diet and lifestyle. (See attached table.)

To prevent disease or promote health, a person may seek nutrition education or advice. However, with more serious situations, medical nutrition therapy (MNT) by qualified professionals often is called for. With MNT, the patient's nutritional status would be assessed, nutritional needs evaluated and appropriate interventions determined. These nutrition interventions could have immediate life-or-death implications and are more effective—and cost-effective—when addressed by qualified healthcare professionals with documented training and experience.

Federal statutes recognize MNT, and define the RD as the provider of "medical nutrition therapy." [Section 1861 (42 U.S.C. 1395x), 102(b)] The proposed Wisconsin statute would affirm what federal legislation has already established, promote compliance of Wisconsin healthcare facilities with Federal regulations, and serve as an appropriate basis for a scope of practice for dietetics specific to Wisconsin. Wisconsin already has established a policy that licenses health professionals such as dentists, occupational therapists, physical therapists, podiatrists, psychologists, social workers and others already registered by their respective credentialing agencies. The ADA strongly supports professional licensure for dietitians for the health, safety and welfare of all citizens.

Matching dietetics licensure with a scope of practice consistent with the education, training, supervised internship, and passage of a national examination with psychometric validity are just as important in the

consideration of licensure. The RD completes a minimum of a bachelor's degree, including coursework in food and nutrition sciences, food service systems management, business, economics, computer science, culinary arts, sociology, and communication to science courses such as biochemistry, physiology, microbiology, anatomy, and chemistry; a 900-hour post-graduate, supervised internship; and must pass a national examination administered by the Commission on Dietetic Registration. In order to maintain registration, the RD must complete continuing professional educational requirements. RDs also apply evidence-based practice, through use of tools such as the *ADA Medical Nutrition Therapy Guides for Practice*, to guide their clinical decisions and interventions for nutrition services they provide.

The Institute of Medicine (IOM), National Academies of Sciences, has recognized the relative knowledge and skills of the registered dietitian in providing nutrition counseling and care. IOM found that, with regard to the selection of health care professionals, the registered dietitian is the single identifiable group of health care professionals with standardized education, clinical training and national credentialing requirements necessary to be a direct provider of nutrition therapy. (For online access to this IOM document, go to: http://www.nap.edu/catalog.php?record_id=9741.)

The nature of health care today calls for establishment of requirements and use of titles with oversight by the state through licensure. With more and more services offered outside of hospitals and traditional medical facilities, the public needs to know they are seeing providers legally recognized to offer MNT interventions. Facilities who hire food and nutrition professionals need to be confident that their employees have met uniformly high academic, training, continuing education and testing requirements.

Society and individuals want access to professionals who are committed to evidence-based practice, safe care and quality improvement, and they want assurance that the services they need will be covered by third party payers. Licensure that includes a dietetics scope of practice can help provide those assurances in Wisconsin.

Thank you for the privilege of providing testimony today for this important legislation.

Sincerely,

Connie Diekman

Connie Diekman, MEd, RD, LD, FADA
President

Attachments:
Leading Causes of Death: 1900 and 2000

LEADING CAUSES OF DEATH

1900 and 2000

1900	Percent
Tuberculosis	11.3
Pneumonia	10.2
Diarrhea diseases	8.1
Heart disease	8.0
Liver disease	5.2
Injuries	5.1
Stroke	4.5
Cancer	3.7
Bronchitis	2.6
Diphtheria	2.3
TOTAL TOP TEN	**61.0**

2000	Percent
Heart disease	31.4
Cancer	23.3
Stroke	6.9
Lung disease	4.7
Accidents	4.1
Pneumonia/influenza	3.7
Diabetes mellitus	2.7
Suicide	1.3
Kidney disease	1.0
Liver disease/cirrhosis	1.0
TOTAL TOP TEN	**80.1**

Nestle M. Food Politics. University of California Press, 2002

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Dear Senator Carpenter & Representative Moulton;

We wish to respond to the barrage of emails that your colleagues have been receiving in the Wisconsin State Legislature regarding opposition to SB 394. It is our belief that these emails were sent at the request of Natural Selections, Inc, a business in Oneida, WI, owned and operated by Jay Vanden Heuvel. Mr. Vanden Heuvel is a self proclaimed "natural health specialist" who has never graduated from an accredited dietetics program and is not a registered dietitian. Mr. Heuvel calls himself a "Doctor" and to support this uses the following credentials that can be seen for yourself on the following website: www.naturalselections.net

- Surgical Technology Degree (university unknown)
- BS: Natural Health (university unknown)
- PhD Holistic Health Sciences (university unknown)
- Board Certified Holistic Health Practitioner (What board? What state?)
- Certified Flower Therapist

The list of "credentials" goes on and on. We encourage you to see for yourself and while at this website please take note of the following quotes found on the website:

- "The doctor of the future will give no medicine…"
- "Scientific research continues to prove the secrets of yesterday are still the best. The principles Mother Nature intended do work. Natural remedies that have been with us for centuries are better for our bodies than the synthetics and chemicals used today."

In regard to the content of the email that has been sent to your colleagues, we wish to point out and respond to the following misleading statements included therein. Further, we encourage you and your colleagues to review the **"Dispelling Myths About Dietetics Licensure"** fact sheet that we have included.

- **Email Statement:** "SB 394 endangers consumer health freedoms and nutrition practitioners' right to practice by creating a monopoly on nutrition therapies, nutritional information, and nutrition care services".
- **FACT:** SB 394 does not create a monopoly. It creates a uniform standard for education and training for individuals in Wisconsin who wish to provide nutrition care services to the public. Those who choose not to obtain this accepted education may still continue to do what they do, but cannot use titles contained in SB 394 and must respect the scope of practice set forth.
- **Email Statement:** "SB 394 aggressively creates such a broad scope of practice of Dietitian/Nutrition that it would include all of nutrition thus banning freedom of speech on nutrition and making it a crime to practice nutrition therapies that do not agree with conventional Dietitian teachings".
- **FACT:** SB 394 does not ban all nutrition. Physicians, chiropractors who have obtained a specific nutrition certificate, all health care professionals who are providing nutrition advice within the scope of their practice, weight loss programs who are using registered dietitian approved programs, and businesses that provide information on the health foods, products, supplements that they sell, are exempt from SB 394. As mentioned in previous point above, SB 394 does not ban anything. It requires those individuals who "do not agree with conventional dietitian

teachings" to make the public aware of this and not mislead them by claiming to have education they do not have, using terms & performing services that the "conventional" society and government has deemed necessary to protect through legislation such as SB 394. (35 other states have passed dietitian licensure laws like SB 394).

- **Email Statement:** "SB 294 would destroy THOUSANDS of entrepreneurial nutrition based businesses, taking away thousands more peoples informed access to, in many cases, their only readily available source of local nutrition information".
- **FACT:** Businesses that provide information on nutrition products such as health foods, products, supplements, etc, are exempted from SB 394. The only "businesses" that would be affected by SB 394 are those such as "Dr. Jay's" that make their profit by specializing in the "business of providing nutrition care services". There is not a single dietitian in this state, and we suspect not a single physician or other qualified health care professional, who views providing nutrition care services as a "business". If an individual wishes to utilize the services of these unlicensed individuals they still have that choice. SB 394 simply requires that the unlicensed individual inform the public that they have not obtained licensure and the minimum education and training involved. The intent of SB 394 is not to prevent the public from receiving services from unlicensed individuals but rather to make sure they are as informed as possible before making this decision.

The practice of dietetics and nutrition care services is a science and evidence-based practice. The reason your colleagues have been receiving this opposition in email format is that "Dr. Jay" and his followers, know that they do not have the science nor the evidence to support their opposition. It is why there was no opposition expressed at the recent public hearing on SB 394. They know that if they did appear to present testimony that an educated and informed legislative committee would see their opposition for what it is; an attempt by unqualified individuals to protect the profit they garner from the public through providing nutrition care services that could be harmful. Prevention of these incidents of harm is the intent and effect of SB 394.

Dispelling Myths About DIETETICS LICENSURE

When it comes to dietetics licensure, public officials often face a barrage of information from groups representing a range of nutrition products and services. With 46 states already having enacted laws variously recognizing the registered dietitian or providing certification, title protection, scope of practice and Boards of Dietetics Licensure, there is an established track record to address many of the myths and misinformation about this basic means of assuring the public about the education, clinical experience, and continuous learning requirements of Registered Dietitians.

Myth: All "nutritionists" are equally qualified to provide nutrition products and services.
Nutrition services can be seen operating on two tiers. The first tier of services is basic nutrition education or advice, which is generally brief, informal, may or may not be allopathic, and often is focused on promoting health or preventing chronic diseases or conditions. Many individuals – with and without recognized courses in nutrition science – provide such information and advice in businesses around the nation.

A second tier of nutrition services, however, is the provision of medical nutrition therapy (MNT), which includes initialized assessment of patients' nutritional status, evaluation of nutritional needs, intervention -- which ranges from counseling on diet prescriptions to the provision of enteral (tube) feeding and parenteral (intravenous) feeding -- and follow up as appropriate. A substantially greater amount of education and clinical experience is necessary to practice in these areas.

Federal statutes recognize the registered dietitian as the provider of "medical nutrition therapy." [42 U.S.C. 1395x(vv)] This designation is based on a recommendation of the prestigious Institute of Medicine, who found that providing MNT requires significant training in food and nutrition science, a regimen consisting of components of biochemistry, biology, medicine, behavioral health, human physiology, genetics, anatomy, psychology, sociology, economics, and anthropology, as well as food chemistry, food selection, food preparation, food processing, and food economics. MNT involves a comprehensive working knowledge of food composition, food preparation, and nutrition and health sciences, in addition to components of behavior change. This broad knowledge base is necessary to translate complex diet prescriptions into meaningful *individualized* dietary modifications for the layperson.

In other words, the fallacy in the notion that all nutritionists are equally qualified to provide nutrition services lies in the elusive concept of nutrition services. Only registered dietitians have the education, training and expertise to provide the types of services that rise to the level of MNT and federal recognition.

Myth: States that require licensure of dietitians impede businesses that sell health foods, health products and dietary supplements.
Dietetics licensure laws are generally explicit in exempting businesses such as these from their scope and application. As a result, individuals and groups may continue without restriction to operate businesses that sell health foods, health products, dietary supplements and provide nutritional literature. Individuals and groups may also conduct classes and share information about this aspect of nutrition without being affected by dietetic licensure laws in all of the states that currently have implemented dietetics licensure.

Myth: All nutrition credentials are the same.
Today there is a plethora of "credentials" that are offered to bolster the credibility of individuals who claim, with various levels of training, to be "nutritionists". To earn the RD credential, an individual must have completed a highly competitive, five-year program of standardized education and clinical training, and subsequently passed a national dietetics examination related to all facets of food and nutrition science. At

that point, anyone earning the designation must commit to stay abreast of emerging nutrition science and its application to maintain the RD credential.

Some nutrition "credentials", however, have no requirements behind them other than to pay a fee. These and other "credentials" can often be attained by the completion of as little as 48-hours of weekend education or on-line programs.

RDs are certified by the Commission on Dietetic Registration, which is fully accredited by the National Commission for Certifying Agencies (NCCA), the accrediting arm of the National Organization for Competency Assurance (NOCA) based in Washington, D.C. Few other credentials for "nutritionists" are issued by groups with NCCA accreditation, and may fall short of its high standards of professional credentialing.

This wide variation in knowledge and training – from basic nutrition information to highly specialized expertise and clinical experience necessary to perform highly complex nutritional interventions – is a key reason that dietetics licensure is important to ensure the protection of citizens.

Myth: Registered dietitians seek licensure to gain a competitive advantage.
The issue of licensure is not competition, but the protection of the public by ensuring the competency of the health care professionals who serve the public. Registered dietitians (and Dietetic Technicians, Registered) are trained to seek and apply sound science in their areas of practice. RDs commit to lifetime learning in order to stay abreast of emerging science in the field of food, nutrition and health. The Code of Ethics of the American Dietetic Association calls for these professionals to uphold a set of ethical principles at all times. The American Dietetic Association (ADA) has committed to evidence-based practice that documents the effectiveness of dietary interventions and allows analysis and adjustments to achieve quality improvements. And the ADA maintains professional partnerships with other professional societies and advocacy groups in health care to advance the most effective multidisciplinary care. It is these aspects, rather than licensure, that represent a competitive advantage in today's marketplace for professional care and services.

In contrast, dietetics licensure laws ensure that consumers can rely upon the competency of licensed practitioners. Those laws do not prohibit less educated or trained individuals from competing within the marketplace. They do, however, accurately convey the specialized background, knowledge and skills of licensed health professionals so that physicians who make referrals, facilities who hire, and individuals who seek nutrition therapies can be confident they are working with nutritionists recognized to provide specific care and services with improved potential for third-party reimbursement. Effective dietetics licensure offers the public assurances for qualified and accountable nutrition professionals where they are needed. If the members of the public opt to seek the services of unlicensed practitioners, that is a choice they are free to make. Again, licensure is not about competition, but rather about educating and protecting the citizens of the state.

2/1/08

mnt MEDICAL NUTRITION THERAPY works

American Dietetic Association
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MNT PROVIDING RETURN ON INVESTMENT

Research demonstrates the cost-effectiveness of **medical nutrition therapy.**

— **University of Virginia School of Medicine**[1] reported that an RD case management approach to lifestyle care can improve diverse indicators of health, including weight, waist circumference, health-related quality of life, and use of prescription medications, among obese persons with type 2 diabetes. These results were seen with a minimal cost of **$350 per year per patient.**

— **Pfizer Corporation**[2] projected **$728,772 in annual savings** from reduced cardiac claims of their employees from an on-site nutrition/exercise intervention program.

— **Massachusetts General Hospital**[3] reported that participants receiving group MNT in a 6-month randomized trial had a 6 percent decrease in total and LDL-cholesterol levels, compared with the group not receiving MNT. The non-MNT group had no reduction in total cholesterol or LDL levels. The study revealed a savings of **$4.28 for each dollar spent on MNT,** much less than the cost of statin therapy.

— **The University of California Irvine**[4] demonstrated lipid drug eligibility was obviated in 34 of 67 subjects, the estimated annual cost savings from the avoidance of lipid medication was **$60,652.**

— **U.S. Department of Defense**[5] saved **$3.1 million** in the first year of a nutrition therapy program utilizing RDs counseling 636,222 patients with cardiovascular disease, diabetes and renal disease.

— **Oxford Health Plan**[6] saved **$10 for every $1 spent** on nutrition counseling for at risk elderly patients. Monthly costs for Medicare claims alone tumbled from $66,000 before the nutrition program to $45,000 afterwards. As a result, the health plan continued use of nutrition screenings.

[1] Wolf AM, Conaway MR, Crowther JQ, et al. "Translating lifestyle intervention to practice in obese patients with type 2 diabetes: Improving Control with Activity and Nutrition (ICAN)" study. Diabetes Care 2004;27:1570–6.

[2] Pfizer Corp., Lipid Intervention Program, http://healthproject.stanford.edu/koop/pfizer99/documentation.html. Accessed 2/16/01.

[3] Delahanty LM, Sonnenberg LM, Hayden D, Nathan DM. "Clinical and cost outcomes of medical nutrition therapy for hypercholesterolemia: A controlled trial". J Am Diet Assoc. 2001;101:1012-1016.

[4] Sikland, G et al. "Medical Nutrition Therapy lowers serum cholesterol and saves medication costs in Medicare populations with hypercholesterolemia". J AM Diet Assoc. 1998, 98:889-894.

[5] The cost of Covering Medical Nutrition Therapy Services under TRICARE: Benefit Costs, Cost Avoidance and Savings. Final report prepared by the Lewin Group, Inc. for the Department of Defense Health Affairs, 11/15/98.

[6] Oxford Health Plan's pilot nutrition screening program applied to Medicare population in New York, between 1991-1993.

KEY STAKEHOLDERS ACKNOWLEDGE NUTRITION SERVICES PROVIDED BY REGISTERED DIETITIANS

The government and other health care groups recognize the benefits of nutrition services, such as medical nutrition therapy (MNT) as a first line intervention to improve health. The following excerpts, describe nutrition services provided by registered dietitians:

Lipid management and treatment in adults and children: "The patient should receive dietary instruction through a class or individually from a registered dietitian or trained professional. Nutritional assessment and evaluation should be carried out by a registered dietitian whenever possible" (1). "The American Heart Association Step-One diet should be initiated for children with high total cholesterol or LDL concentrations. The assistance of a registered dietitian or other qualified nutrition professional is necessary to ensure adequacy of nutrients, vitamins, and minerals" (2). The Adult Treatment Panel III indicates "Dietitians with expertise and experience in dietary counseling for lipid lowering can be especially effective in facilitating adherence to TLC (therapeutic lifestyle changes)" (3).

Diabetes care: "Because of the complexity of nutrition issues, it is recommended that a registered dietitian, knowledgeable and skilled in implementing nutrition therapy into diabetes management and education, is the team member who provides MNT" (4). According to the American Academy of Pediatrics, "multidisciplinary team management is strongly recommended for youth with type 2 diabetes mellitus. The team usually is composed of a physician, a registered dietitian, a nurse clinician, a social worker, and the patient and the family. All people with diabetes should receive regular nutrition counseling and consult with a registered dietitian or nutritionist or a diabetes educator at least every 6 to 12 months" (5). Data from the Diabetes Prevention Program study published in 2002 found that patients with pre-diabetes can delay or prevent type 2 diabetes by using diet and exercise to lose 5 to 7 percent of their body weight (6).

Prevention and management of obesity (mature adolescents and adults): The Institute for Clinical Systems Improvement recommends "provid(ing) structured lifestyle modification suggestions that include specific nutrition recommendations, educational sessions, and frequent contact with health-care providers such as a dietitian." In addition, "referral to a dietitian, nutritionist, or structured medically supervised nutrition program if available" is desired for the prevention and management of clients with obesity (7).

continued on next page

KEY STAKEHOLDERS ACKNOWLEDGE NUTRITION SERVICES PROVIDED BY REGISTERED DIETITIANS CONTINUED

Cancer—nutrition management for older adults: The Nutrition Screening Initiative states, "Nutrition intervention for patients undergoing definitive therapy for cancer is highly individualized and should be based upon risks associated with the provision of nutritional support and expected benefits to be accrued. When patients are unable to meet their nutritional needs via the oral route, the services of [an RD] should be enlisted to assist the patient in maintaining optimal achievable nutritional status" (8).

Management of chronic kidney disease and pre-end-stage renal disease in the primary care setting: The Veterans Health Administration, Department of Defense indicates: "All patients with chronic renal disease should have an assessment by a renal dietitian soon after diagnosis" (9).

Hypertension: Doctors estimate that if Americans followed the DASH diet, a diet low in fat and high in vegetables, fruits, and low fat dairy foods, and had the degree of blood pressure reductions seen in the "Dietary Approaches to Stop Hypertension" trial of 1997, there would be about 15 percent less coronary heart disease and 27 percent fewer strokes in the U.S (10).

Healthful diet counseling: The US Preventive Services Task Force found good evidence that "medium- to high-intensity counseling interventions can produce medium-to-large changes in average daily intake of core components of a [healthful] diet (including saturated fat, fiber, fruit, and vegetables) among adult patients at increased risk for diet-related chronic disease. Intensive counseling interventions that have been examined in controlled trials among at-risk adult patients have combined nutrition education with behavioral dietary counseling provided by a nutritionist, dietitian, or specially trained primary care clinician (eg, physician, nurse, or nurse practitioner)" (11).

Hospital utilization: The Lewin Group documented an 8.6% reduction in hospital utilization and 16.9% reduction in physician visits associated with MNT for patients with cardiovascular disease. The group additionally documented a 9.5% reduction in hospital utilization and 23.5% reduction in physician visits when MNT was provided to persons with diabetes mellitus (12).

see reverse side for resources

1. Institute for Clinical Systems Improvement. Lipid management in adults. Bloomington, MN: Institute for Clinical Systems Improvement; 2003.

2. Gahagan S. et. Al, *Prevention and treatment of type 2 diabetes mellitus in children, with special emphasis on American Indian and Alaska Native children*. American Academy of Pediatrics Committee on Native American Child Health. Pediatrics 2003 Oct;112(4):e328-e347.

3. National Heart, Lung, and Blood Institute. Third Report of Expert Panel on Detection, Evaluation, and Treatment of High Blood Cholesterol in Adults (Adult Treatment Panel III) Full Report. Available at: http://www.nhlbi.nih.gov/guidelines/cholesterol/atp3_rpt.htm. Accessed March 9, 2005.

4. American Diabetes Association. "Standards of medical care in diabetes". *Diabetes Care*. 2005;28:S4-S36.

5. American Academy of Pediatrics, March 5, 2005.

6. Knowler WC, Barrett-Connor E, Fowler SE, Hamman RF, Lachin JM, Walker EA, Nathan DM; Diabetes Prevention Program Research Group. "Reduction in the incidence of type 2 diabetes with lifestyle intervention or metformin." N Engl J Med. 2002; 346(6):393-403.

7. Institute for Clinical Systems Improvement (ICSI). Prevention and management of obesity (mature adolescents and adults). Bloomington, MN: Institute for Clinical Systems Improvement; 2004.

8. Barrocas A, Purdy D, Brady P, Troutman D. Cancer: Nutrition management for older adults. Washington, DC: Nutrition Screening Initiative; 2002.

9. Veterans Health Administration, Department of Defense. VHA/DoD clinical practice guideline for the management of chronic kidney disease and pre-ESRD in the primary care setting. Washington, DC: Department of Veterans Affairs, Veterans Health Administration; 2001.

10. "Dietary Approaches to Stop Hypertension" (DASH) trial, April 17, 1997, *The New England Journal of Medicine* (NEJM).

11. US Preventive Services Task Force Healthy Diet Counseling, January, 2003 (B recommendation).

12. Johnson, Rachel. "The Lewin Group – What does it tell us, and why does it matter?" J Am Diet Assoc. 1999, 99:426-427.

Dr. Gene Musser
Medical Examining Board
WI Department of Regulation and Licensing

January 29, 2008

Dear Chairman Musser and Members of the Examining Board,

I would like to express my support of the Registered Dietitians of Wisconsin and their Medical Nutrition Therapy. As the Medical Director of the Aurora Sinai Wellness Institute, I have been in the forefront of wellness work around Wisconsin. Physicians time and again express to me their frustration at not having the time it takes to teach patients effective lifestyle changes. Our dietitians are becoming more and more an integral part of the care team and are critical to this process. Rather than competition, I see this initiative as helping the physicians of Wisconsin as they develop teams of care to apply effective plans to their care model. Like the aging Brett Favre, who needs a good front line, our physicians need the support of expert nutrition counselors. I am in support of the bill to license Registered Dietitians in Wisconsin.

I don't make the football analogy flippantly. It is the core concept of lifestyle coaching that MNT allows to occur. And the idea of physicians being isolated practitioners responsible for the whole universe of their care is old news. We need to be part of skilled teams. By initiating this process, we also make way for MNT to be something that is considered more valuable and worth following by the patient. This is good for Wisconsin residents and the physicians who want to see them get safe and effective care from qualified nutrition professionals.

Thank you very much for your positive consideration to this important issue.

Sincerely,

John E. Whitcomb MD
Aurora Sinai Wellness Institute
945 N 12th Street
Milwaukee, WI 53233

Dr. Gene Musser
Medical Examining Board
WI Department of Regulation and Licensing

January 20, 2008

Dear Chairman Musser and Members of the Board,

I have been a practicing internist for the past 25 years. From June of 1983 until December of 2007, I practiced general internal medicine in Medford, Wisconsin. Since January of this year, I have taken a position with the Oneida Community Health Clinic in Green Bay. I am in support of the bill to license Registered Dietitians in Wisconsin. I would like to express my reasons for this.

First, Registered Dietitians have played a key role on my care team by providing Medical Nutrition Therapy to my patients with nutrition-related chronic diseases including hypertension, obesity, kidney disease, hyperlipidemia and diabetes. When my patients have the privilege of meeting with the Registered Dietitian, the have a better understanding of how to make food choices that will allow them to feel better and enjoy better clinical outcomes. Patients have a lot of questions about food. I don't have the time or training to provide the kind of education the Registered Dietitian can provide. When it comes to patients with diabetes especially, MNT by Registered Dietitians is absolutely essential. The education and training of Registered Dietitians enables their profession alone to help patients manage their blood sugar through MNT. They are able to give patients the knowledge and skills they need to achieve the best clinical outcomes while maintaining flexibility, choice and quality of life. I rely on the Registered Dietitian with advanced practice in diabetes management to adjust insulin. I request their recommendations for medical management for diabetes as well, since they understand the patient's food preferences and lifestyle better than other health professional on the team. When I ask patients how their visits with the RD went, they usually say something like, "I learned more from her in a few hours than I've learned from anyone else, " or "I wish I would have gone to see her sooner."

Second, I know that many people with nutrition-related chronic diseases don't have access to MNT by RDs due to lack of insurance coverage or lack or referrals made by some medical providers who worry that there will be a financial burden to the patients. I believe licensure of Registered Dietitians will enhance access to MNT by RDs through improved insurance coverage and greater recognition of their contributions to patient care. This is good for Wisconsin residents and the physicians who want to see them get safe and effective care from qualified nutrition professionals.

Thank you very much for your attention to this important matter.

Very truly yours,

Michael A. Haase, MD
Oneida Community Health Clinic
525 Airport Road
Oneida, WI 54155

Dr. Irene O'Saughnessy
Associate Professor
Division of Endocrinology

February 1, 2008

Dear Chairman Musser and Members of the Board:

I have been a practicing endocrinologist for the past 18 years. I am in support of the bill to license Registered Dietitians in Wisconsin. I would like to express my reasons for this.

First, Registered Dietitians have played a key role on my care team by providing Medical Nutrition Therapy (MNT) to my patients with nutrition-related chronic diseases including diabetes, hypertension, hyperlipidemia, obesity and kidney disease. When my patients have the privilege of meeting with the Registered Dietitian, they have a better understanding of how to make food choices that will allow them to feel better and see better clinical outcomes. Patients have a many questions about food. I personally do not have the time or training to provide the kind of education that a Registered Dietitian can provide. When it comes to patients with diabetes especially, MNT by Registered Dietitians is absolutely essential. The education and training of Registered Dietitians enable their profession alone to help patients manage their blood sugar through MNT. They are able to give patients the knowledge and skill they need to achieve the optimal clinical outcomes while maintaining flexibility, choice and quality of life. I rely on the Registered Dietitians with advanced practice in diabetes management to be a part of the team to recommend adjustments in insulin. I request their recommendations for medical management for diabetes, since they understand the patient's food preferences and lifestyle better than other health professionals on the team. When I ask patients for feedback on their visits with the RD, they usually say something like, "I learned more from her in a few hours than I've learned from anyone else, or "I wish I would have gone to see her/him sooner."

Second, I know that many people with nutrition-related chronic-diseases do not have access to MNT by RD's due to lack of insurance coverage or lack of referrals made by some medical providers who worry that there will be a financial burden to the patients. I believe licensure of Registered Dietitians will enhance access to MNT by RD's through improved insurance coverage and greater recognition of their contributions to patient care. This is good for Wisconsin residents and the physicians who want to see them get safe and effective care from qualified nutrition professionals.

Thank you very much for your attention to this important matter.

Very truly yours,

Irene O'Shaughnessy, MD, FACP
Froedtert East Clinics – 4th floor
9200 West Wisconsin Avenue
Milwaukee, WI 53226-3586

Froedtert & Medical College of Wisconsin

Dr. Gene Musser
Medical Examining Board
WI Department of Regulation and Licensing

February, 1 2008

Dear Chairman Musser and Members of the Board,

I am writing in support of licensing Registered Dietitians in the State of Wisconsin. Registered Dietitians play an integral role in my practice as the Director of a Surgical Intensive Care Unit. I rely on the dietitians that I work with to provide their expertise in Medical Nutrition Therapy to patients that are critically ill or have suffered a recent trauma. These patients have very complex needs that require specialized nutritional support via tube feedings and total parental nutrition. Prospective randomized trials have clearly demonstrated the positive effect of early enteral nutrition with a decreased post traumatic infection rate, a shorter duration of stay, and an improved overall outcome. I would not want to rely on people calling themselves "nutritionists" to provide care for my critically ill population. It is imperative that the licensure bill pass to ensure that the general population receives nutritional care from people who have been educated in the field.

Thank you for your attention to this very important matter.

Sincerely,

Karen Brasel, MD, MPH
Associate Professor, Trauma/Critical Care
9200 W. Wisconsin Ave.
Milwaukee, WI 53226

January 27, 2008

James V Lacey M.D.
Oneida Community Health center
525 Airport Drive
Oneida WI 54115

Lynn M. Edwards RD CD
WDA Executive Coordinator
Wisconsin Dietetic Association
1411 West Montgomery St
Sparta WI 54656-0043

Dear MS Edwards,

Re: Licensure of Dietitians

I am writing this letter in support of licensure of dietitians. I have practiced internal medicine and hematology in Green Bay for twenty-nine years before making a transition two and one half years ago to a Native American health center. I have used dietitians extensively to maintain nutrition in patients with leukemia and lymphoma undergoing chemotherapy. They have been in valuable in tube feedings, hyperalimentation, and supplementation during critical phases of their treatment programs. To have a non professional or inadequately trained person implementing decisions at these critical phases of treatment would be comparable to having pharmacy tech replacing pharmacists during the critical phases of illness.

I hesitate in part to recommend licensure as Wisconsin as chosen to use licensure as its major form of taxation without benefit over the last fifteen years. Professionals are now excessively taxed with Wisconsin's decreasing benefits. These issues will eventually come to light and their perpetrators purged from the political scene I hope.

But I digress. Since we live as a result of our nutrition, why would we want anything less than trained professionals licensed based upon training and testing to care for our most needy population. Does the state of Wisconsin want to ignore and license a component of the health care system recognized by hospitals and all diabetic organizations where diet is crucial to outcomes?

Wisconsin states it is in the leadership of health care. I know from personal experience that the incidence of diabetes and obesity in native populations is a disgrace to this program that is ignored. Without well qualified dietitians this problem will magnify in the native, African –American and Hispanic populations.

It is time to recognize professional leadership with licensure, and support. The alternative could be expensive and disastrous.

Respectfully,

James V Lacey MD
++++.

Froedtert & Medical College of Wisconsin

Dr. Gene Musser
Medical Examining Board
WI Department of Regulation and Licensing

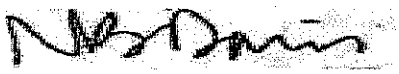
January 31, 2008

Dear Chairman Musser and Members of the Board,

I am writing in support of licensing Registered Dietitians in the state of Wisconsin. Registered Dietitians play an integral role in my practice as a medical oncologist. I rely on the dietitians that I work with to sort through and counsel my patients on appropriate Medical Nutrition Therapy. Too often I have patients who come into my care that have been counseled inappropriately by people calling themselves "nutritionists". It is imperative that the licensure goes through to ensure that the general population receive nutritional care from people who have been educated in the field.

Thank you for your attention to this very important matter.

Sincerely,



Nancy B. Davis, MD
Assistant Professor of Medicine and Urology
Division of Neoplastic Diseases & Related Disorders
9200 W. Wisconsin Ave.
Milwaukee, WI 53226

To: "Senate Committee on Public Health, Senior Issues, Long Term Care, and Privacy".

Hello, my name is Dr. Vincent F. Blank, I live at 2852 N 89th Street Milwaukee Wisconsin, and I want to ask your support the Dietitian Licensure Bill: LRB 1288/5, which is authored by Senator Tim Carpenter.

I am a physician at the Medical College of Wisconsin and feel that this legislation is urgently needed. As a Gastroenterologist, I heavily rely on the special education and skills which only a dietitian can provide. Their attention to detail and knowledge provides tremendous benefit to patients suffering from several chronic diseases such as Celiac disease, Crohn's disease, Allergic disorders, as well as diets which have been suggested to improve behavior in Autism. Thank you for addressing this important issue. Please do not hesitate to contact me with additional questions.

Sincerely,

Vincent F. Blank M.D., M.S.

8701 Watertown Plank Road

Milwaukee Wisconsin, 53226

Phone 414.266.3690

Fax 414.266.3676

From: Blank, Ellen
Sent: Wednesday, January 30, 2008 10:38 AM
To: Senator.Carpenter@legis.wisconsin.gov
Subject: RD licensure bill

Hello, my name is Ellen Blank, MD. I live at 2608 N. Summit Avenue in Milwaukee, and I want to ask for your support of the Dietitian Licensure Bill: LRB 1288/5, which is authored by Senator Tim Carpenter.

I am a pediatric gastroenterologist and feel that this legislation is urgently needed. Children are not simply small adults, and they need specialized care to help their parents navigate the plethora of processed foods, proprietary infant formulas, proprietary food supplements, and proprietary tube feeding formulas available over the counter. This is particularly important when families must deal with issues where what we eat affects our health and well-being. These issues include but are not limited to poor growth, eating disorders, obesity, supplements for athletes, autism, food allergies, celiac disease, Crohn's disease, and neurological disorders such as cerebral palsy. Unscrupulous and/or untrained nutritional counselors take advantage of sick and vulnerable patients or their families by selling them unnecessary or even harmful dietary products after promising a return to better health. Licensing standards would help the public make more informed choices about the education and proficiency of nutritionists and dietitians.

Thank you. Please do not hesitate to contact me with questions.

Ellen Blank, MD
Pediatric gastroenterologist
Medical College of Wisconsin/Children's Hospital of Wisconsin

January 21, 2008

Senate Committee on Public Health, Senior Issues, Long Term Care, and Privacy:

This letter is sent in support of SB394 to allow licensure of registered dietitians in the state of Wisconsin.

I am a family medicine provider in a rural community in Wisconsin. I care for patients with multiple medical conditions, including diabetes, hyperlipidemia, coronary artery disease, obesity, and many other conditions. I rely heavily on the education that can be provided to patients from a registered dietician. My practice cannot accommodate the time required with patients to teach them the required volume of information to improve their care. My education in the area of nutrition is not as complete as a registered dietitian's knowledge base in these areas.

When patients are diagnosed with a new chronic medical condition such as diabetes, it can be a very emotional experience. They leave a clinic appointment with a minimal understanding of how their lives will be changed by their diagnosis. All of my newly diagnosed diabetes patients are referred for diabetes education. Some patient's are forced to cancel that appointment due to lack of insurance coverage for diabetes education services. The patients who do participate return for follow up with less anxiety, improved compliance, and a much more educated position to help them develop a treatment plan.

Ensuring the quality of nutrition advice by providing licensure to registered dietitians can only enhance their practice. Improved insurance coverage for their services should also be pursued. Many medical conditions can be improved with proper nutrition. Patient's deserve availability to accurate information regarding nutrition from well informed sources. Nutrition advise often needs to be individualized to each particular patient. Generic dietary advice provided by uneducated sources cannot be considered adequate.

Thank you for your consideration in this matter.

Amy Wagoner MD
Memorial Health Center Clinics Medford
143 South Gibson Street
Medford, WI 54451

From: Lenhart, Jill [mailto:Lenhart.Jill@mayo.edu]
Sent: Friday, February 01, 2008 9:11 AM
To: rep.moulton@legis.wisconsin.gov
Cc: wda@centurytel.net
Subject: RD licensure

Dear Rep Moulton,

Please support the bill in favor of RD licensure. I believe patients receive better care from a licensed RD and insurance coverage may improve if dietitians are licensed.

Thank you.

Jill Lenhart, MD

From: Lenhart, Jill [mailto:Lenhart.Jill@mayo.edu]
Sent: Friday, February 01, 2008 9:09 AM
To: sen.kreitlow@legis.wisconsin.gov
Cc: wda@centurytel.net
Subject: RD licensure

Dear Senator Kreitlow:

Please support the bill in favor of RD licensure. I believe patients receive better care from a licensed RD and insurance coverage may improve if RD's are licensed.

Thanks!

Jill Lenhart, MD

Senate Committee on Public Health, Senior Issues, Long Term Care, and Privacy:

Hello, my name is Manu Sood. I live at 2355 Macaulay Drive, Brookfield, WI, and I want to ask your support the Dietitian Licensure Bill: LRB 1288/5, which is authored by Senator Tim Carpenter.

I am a Pediatric Gastroenterologist and feel that this legislation is urgently needed. Ensuring adequate standard and training for dietitians will help ensure patient safety and good quality of dietary consults. As a pediatric gastroenterologists I see lot of children with malnutrition from inadequate calorie intake because of lack of awareness and good quality dietary services available to the community. I work very closely with trained dietitians at the Children's Hospital of Wisconsin and feel that Dietitian Licensure Bill will ensure that adequately and well trained dietitian are serving the children and their families in Wisconsin.

Thank you. Please do not hesitate to contact me with questions.

Yours sincerely

Manu R Sood
(Phone 414 266 3690)

January 17, 2008

Senate Committee on Public Health
Senior Issues, Long Term Care and Privacy

Dear Committee:

I am writing this in support of licensure for Registered Dietitians in the state of Wisconsin. I understand there is a hearing scheduled on January 23, 2008.

I have been a nurse practitioner for over 15 years in a rural setting in northern Wisconsin. In my experience, our Registered Dieticians have provided our area with an invaluable service for our patients. They provide nutrition therapy for a wide variety of patients, including those diagnosed with diabetes, obesity, hyperlipidemia and eating disorders. Our dietitians work as part of our team and our outcomes attest to the success of this approach. For example, our Registered Dietitian, Rosalyn Haase was instrumental in helping us obtain the 2005 Codman Award for our diabetes care at Memorial Health Center.

Many providers in our clinic have had patients who have been given incomplete or wrong information by unqualified providers. They have been convinced to purchase supplements that were a waste of money, been told that they have illnesses that they do not have and have agonized over the thought of having a "deficiency" in trace minerals according to their "hair samples". I have seen patients doing "colon cleansing" to the point of dehydration, they withhold certain foods from their children thinking it will help ADD or autism or even take vitamins to treat infertility. In summary, unqualified people are freely given out recommendations that have no scientific basis.

Based upon my experience, I believe that licensure is the best way to stop unqualified dietary care and enhance access to Registered Dietitians across the state. Our patients deserve the best care they can get and this bill would help ensure that happens.

Sincerely,

Kathryn M. Hemer, APNP
Nurse Practitioner, Family Medicine
Memorial Health Center – Medford Clinic
135 S. Gibson
Medford, WI 54451

To: Senate Committee on Public Health, Senior Issues, Long Term Care, and Privacy

Hello, my name is Margaret Friedhoff. I live at 5916 Currant Lane, Greendale, WI. I want to ask you to support the Dietitian Licensure Bill: LRB 1288/5, which is authored by Senator Tim Carpenter.

I am a pediatric nurse practitioner and feel that this legislation is urgently needed. I have found that the dieticians are vital to my being able to provide quality care to children who are either failing to thrive or who have overweight issues. It is very important that our children be provided with advice from qualified providers. Passing this legislation will help to make this happen.

Thank you. Please do not hesitate to contact me with questions.

Margaret Friedhoff

Margaret Friedhoff, MSN, RN, CPNP

Pediatric Gastroenterology

Medical College of Wisconsin

414-266-6111

Children's Hospital and Health System™ | Medical College of Wisconsin

Children's Specialty Group™

January 30, 2008
ATTN: Senate Committee on Public Health, Senior Issues, Long Term Care, and Privacy

Hello, my name is Stacee Lerret, I live at 3580 South Wehr Road, New Berlin, WI 53146 and I want to ask your support of the Dietitian Licensure Bill: LRB 1286/5, which is authored by Senator Tim Carpenter.

I am a Pediatric Nurse Practitioner and feel that this legislation is urgently needed. I work with the Liver Transplant Program at Children's Hospital of Wisconsin and have personally seen the benefits of dietitians. The liver disease and liver transplant patients require strict diets for optimal health. A dietitian supports the program and is able to provide qualified nutritional advice to this vulnerable population.

Thank you in advance for your attention to this very important matter. Please do not hesitate to contact me with questions.

Stacee Lerret, RN, MSN, CPNP

Stacee Lerret

Liver Transplant Coordinator, Children's Hospital of Wisconsin, #414-266-3944